



## Annual Provider Training 2017

September 2017



# Topics

- Amerigroup Iowa Plan Updates
- Billing Q&A
- Top Denial Reasons
- Utilization Management
- Tools and Resources



# Amerigroup Iowa Plan Updates



# Recent and Upcoming Plan Updates

- Ambulance claims
  - Both emergent and non-emergent transportation should be submitted to Amerigroup Iowa
  - Pre-scheduled transportation will remain with Logisticare
- Manually priced items and services
  - Pricing methodology has been determined
- Medicare crossovers
  - Re-processing of crossover and OHI claims



# IME Provider Enrollment Renewal

- **Reminder:** All providers must be enrolled and active with the Iowa Medicaid Enterprise (IME) to participate with Amerigroup Iowa
- **To remain an active Medicaid provider,** complete your re-enrollment at: Iowa Medicaid Portal Access (IMPA) system at: <https://secureapp.dhs.state.ia.us/imp/>
  1. Legally accept the new agreement
  2. Complete the Ownership and Control Disclosure
  3. Submit if applicable, any required documentation to the IME



# Billing Q&A



# Common Billing Questions

*How should I bill claims for Physician Assistant (PA) assisting in surgery?*

*The claim may be billed under the supervising physician's NPI but must contain the PAs NPI and license number in Box 19 of the claim form; or,*

*The claim may be billed directly under the PAs NPI if they are credentialed and participating.*



## Common Billing Questions (cont'd)

*When should I be submitting claims with a date span?*

*Dates of service must reflect individual authorization certification periods. Each individual authorization ID or time frame requires a separate claims submission.*

*Failure to do so will result in the claim to be denied or underpaid.*





# Common Billing Questions (cont'd)

## *How do I submit a corrected claim?*

**Facility claims/UB-04:** Corrections should be billed using the type of bill XX7 for a correction, or XX8 for a replacement, in order for Amerigroup to identify the submission as a correction.

**Professional claims/CMS-1500:** Corrections should be billed using the claim number you are correcting and the proper resubmission codes, as listed below:

- 5 for late charges
- 7 for replacement of a prior claim
- 8 for voided or canceled claim



## Common Billing Questions (cont'd)

*How do I submit a claim for an injectable “J-code” with the rebatable National Drug Code (NDC)?*

*Proper billing of claims submitted for outpatient-administered HCPCS drug codes **requires** 11-digit all-numeric NDCs and **includes** units for both the HCPCS code and the NDC. NDC units are based on the numeric quantities administered to the patient and the Unit of Measure (UOM).*

*UOM codes include:*

*F2 = international unit*

*GR = gram*

*ML = milliliter*

*UN = unit (each)*



## Common Billing Questions (cont'd)

*My claim line denied with reason i15 NCCI incidental, should I rebill with a modifier?*

*Amerigroup Iowa follows the National Correct Coding Initiative (NCCI) rules established by Centers for Medicare and Medicaid Services (CMS). Please review the CMS policies to determine if the code pair is allowed before resubmitting with a NCCI modifier.*



## Common Billing Questions (cont'd)

*I would like to dispute the claim denial, how can I do that?*

*You may submit a payment dispute through our website.  
Written instructions are available at:*

[https://providers.amerigroup.com/ProviderDocuments/IAIA\\_OnlineClaimsAppealTutorial.pdf](https://providers.amerigroup.com/ProviderDocuments/IAIA_OnlineClaimsAppealTutorial.pdf)

*or*

[https://providers.amerigroup.com/ProviderDocuments/IAIA\\_ProviderManual.pdf](https://providers.amerigroup.com/ProviderDocuments/IAIA_ProviderManual.pdf)



# Timely Filing Defined

Topic	Timeframe
First time claim submission (Medicaid Primary)	180 days from the date of service
Corrected claim submission (All)	365 days from the date of service
First time claim submission (Medicaid is NOT primary)	365 days from the date of service
First time claim submission (Non-Participating Providers)	365 days from the date of service
Submitting a payment dispute (First Time)	120 days from the date of service
Submitting a rejected/"Mail back" claim	90 days from the date of "Mail Back"



# Top Denial Reasons



# Top Denial Reasons

Denial	Resolution
Duplicate Claim (CDD/i56/c14/W1N/Y38)	To adjust a claim to correct a submission error, please indicate as such.
Timely filing (TF0/TF1)	Timely filing is 180 days from the date of service.
Date of Service is before/after coverage benefit period (S23)	Confirm eligibility status prior to rendering services.
Precertification/authorization is missing (W4G/Y40/Y3Z/Y41)	Certain services require prior authorization (PA). All services by non-participating providers require a PA.
Charge exceeds fee schedule/maximum allowable or contracted (PS)	Consult our contractual agreement for restrictions/billing/payment information related to these charges.



## Top Denial Reasons (cont'd)

Denial	Resolution
Missing Explanation of Benefits (YC7/YC6)	Please resubmit the claim with primary carrier EOB for either commercial primary insurance (OHI) and/or Medicare.
Service not payable per contract (G04/G18)	If you are a contracted provider, review the fee schedule for your provider type at: <a href="https://secureapp.dhs.state.ia.us/MedicaidFeeSched/">https://secureapp.dhs.state.ia.us/MedicaidFeeSched/</a> and if the billed code is allowed, preview the billing information and/or contact your Provider Relations Consultant .
Claim/service lacks information or has submission/billing error(s) which is needed for adjudication (W1M)	Claim contains incomplete and/or invalid information, the claim is unprocessable. Please submit a new claim with the complete/correct information.





# Top Denial Reasons (cont'd)

Denial	Resolution
The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated (W2G/i09/i00)	The code billed is incidental to another code (service) that is considered primary. The claims is considered paid in full.
Units of service exceed Medically Unlikely Edit. (MUE) (N72)	Claim may need to be date-spanned vs. billed with all units under one date of service.

# Utilization Management



# Utilization Management (UM)



- Providers may request authorization for services via phone, fax or web portal
  - Phone: 1-800-454-3730
  - Fax: 1-877-434-7578 (inpatient) or 1-866-877-5229 (outpatient)
  - Web Portal: [providers.amerigroup.com/ia](http://providers.amerigroup.com/ia)
- Uses evidenced based medical necessity criteria (InterQual), as well as Medical Policy and Board Certified physician consultants to ensure our members receive the highest quality of care



# Precertification Request Form

- For accurate and timely response, please use the Precertification Request Form available on our website:

[https://providers.amerigroup.com/ProviderDocuments/IAIA\\_UniversalPreCertUpdate.pdf](https://providers.amerigroup.com/ProviderDocuments/IAIA_UniversalPreCertUpdate.pdf)

**Precertification request**  
 Amerigroup Iowa, Inc. prior authorization: 1-800-454-3730 Fax: 1-800-964-3627  
 To prevent delay in processing your request, please fill out form in its entirety with all applicable information.

Today's date:		Provider return fax:	
<b>Member information</b>			
First name:		Last name:	
Address:		City, State ZIP code:	
Amerigroup member ID:	Contact phone:	DOB:	
Additional member information:			
<b>Referring provider</b> <input type="checkbox"/> Participating <input type="checkbox"/> Nonparticipating			
Full name:			
NPI:	Provider ID:	TIN:	
Office contact name:	Office phone:	Office fax:	
Address:	City, State ZIP code:		
Specialty:			
<b>Servicing (billing) provider</b> <input type="checkbox"/> Participating <input type="checkbox"/> Nonparticipating			
Full name:			
NPI:	Provider ID:	TIN:	
Office contact name:	Office phone:	Office fax:	
Address:	City, State ZIP code:		
Specialty:			
<b>Servicing facility</b> <input type="checkbox"/> Participating <input type="checkbox"/> Nonparticipating			
Name:			
NPI:	Provider ID:	TIN:	
Facility contact name:	Facility phone:	Facility fax:	
Address:	City, State ZIP code:		
<b>Requested service (for type of service, check all that apply)</b>		<b>Date/date range of service:</b>	
<b>ICD-10 code(s):</b>			
<b>CPT or HCPCS code(s) (include requested units):</b>			
<b>Type of service:</b> <input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/> Skilled nursing facility <input type="checkbox"/> Long-term services & supports/long-term care <input type="checkbox"/> Home health (WA providers: Use Health Home Precertification form) <input type="checkbox"/> Durable medical equipment <input type="checkbox"/> Diagnostic study <input type="checkbox"/> Hospice <input type="checkbox"/> Office visit <input type="checkbox"/> Personal care services <input type="checkbox"/> Other:			
<b>Place of service:</b> <input type="checkbox"/> Hospital <input type="checkbox"/> Ambulatory surgery center <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Independent lab <input type="checkbox"/> Nursing facility <input type="checkbox"/> Other:			
Additional information:			



# Medical Necessity Determination

Member Demographics / Case Information	Clinical Justification for Request (including but not limited to the following):
<ul style="list-style-type: none"> <li>Member name and IA Health Link identification (ID) number</li> </ul>	<ul style="list-style-type: none"> <li>Treatment(s)/Intervention(s) and the member's response—including treatments and interventions provided in the Emergency Room (ER)</li> </ul>
<ul style="list-style-type: none"> <li>Diagnosis with the International Classification of Diseases (ICD-10) code</li> </ul>	<ul style="list-style-type: none"> <li>Current History and Physical (H&amp;P)</li> </ul>
<ul style="list-style-type: none"> <li>Procedure with the Current Procedural Terminology (CPT) code</li> </ul>	<ul style="list-style-type: none"> <li>Medications</li> </ul>
<ul style="list-style-type: none"> <li>Date of injury or hospital admission</li> </ul>	<ul style="list-style-type: none"> <li>Psycho-social status (if relevant, may help with discharge planning)</li> </ul>
<ul style="list-style-type: none"> <li>Third-party liability (TPL) information, if applicable</li> </ul>	<ul style="list-style-type: none"> <li>Exceptional or special needs issues (if relevant, may help with discharge planning)</li> </ul>
<ul style="list-style-type: none"> <li>Facility Name, if applicable</li> </ul>	<ul style="list-style-type: none"> <li>Ability to perform activities of daily living (ADLs) (if relevant, may help with discharge planning)</li> </ul>
<ul style="list-style-type: none"> <li>Facility ID number, if applicable</li> </ul>	<ul style="list-style-type: none"> <li>Lab, radiology, and pathology test(s) result(s)</li> </ul>
<ul style="list-style-type: none"> <li>Requesting physician/provider, if applicable</li> </ul>	<ul style="list-style-type: none"> <li>Working Diagnosis</li> </ul>
<ul style="list-style-type: none"> <li>Primary Care Physician (PCP), if applicable and different from the requesting physician/ provider</li> </ul>	<ul style="list-style-type: none"> <li>Treatment plan, including time frames</li> </ul>
<ul style="list-style-type: none"> <li>Level of Care (LOC) requested, if applicable with supporting documentation</li> </ul>	<ul style="list-style-type: none"> <li>Prognosis</li> </ul>
	<ul style="list-style-type: none"> <li>Discharge plans</li> </ul>
	<ul style="list-style-type: none"> <li>Any known barriers to discharge</li> </ul>

# Precertification

- Precertification is required for:
  - Acute Inpatient (emergency and planned admissions)
  - Skilled Nursing Facilities (SNF)
  - Long-Term Acute Care (LTAC)
  - Acute Rehabilitation
    - Intake calls will be routed to the health plan for SNF, LTAC, and Acute Rehab admissions.
    - Clinical information for emergency acute admissions, SNF, LTAC and acute rehabilitation should be faxed to the corresponding fax number. (see slide for UM Clinical Fax Numbers)

# Inpatient Notifications

- National Customer Care (NCC) – (800) 454-3730
- Planned or emergency acute admission, observation, and obstetric delivery notifications:
  - Phone: (800) 454-3730
  - Fax: (800) 964-3627
- Acute Rehabilitation, SNF, and LTAC admissions:
  - Phone: (800) 454-3730
    - Intake calls will be routed to appropriate department at the health plan
  - Physical Health Fax (Acute Inpatient): (844) 648-9537
  - LTSS Fax (Acute Inpatient): (844) 400-3461



# Inpatient Notifications (cont'd)

- Notification only required for:
  - Observation
  - Obstetric Deliveries
  - Completed Newborn Notification of Delivery Form should be faxed to: (800) 964-3627



providers.amerigroup.com

## Newborn notification of delivery form

Please fax completed form to 1-800-964-3627.

**Purpose:** Use this form to report a birth to a mother who is an Amerigroup Iowa, Inc. member. Providers are to notify Amerigroup within 24 hours of delivery with newborn information.

Mother's name (last, first, middle) (required)		Mother's effective date	
Mother's Medicaid ID # (required)		Mother's date of birth (required)	
Residence county		Phone number	
Street address	City	State	ZIP code
Newborn's name (last, first, middle) (required)	Newborn Medicaid ID #	Gender (required)	Birth weight (required)
Route of delivery (required)	Gestational age (required)	Date of admission to NICU (if applicable)	
Newborn date of birth (required)	Disposition at birth (live born/fetal demise) (required)	Apgar score (1 min./5 min.)	
Twin name (Baby 2, 3, etc.) (required, if applicable)	Newborn Medicaid ID #	Gender (required)	Birth weight (required)
Route of delivery (required)	Gestational age (required)	Date of admission to NICU (if applicable)	
Newborn date of birth (required)	Disposition at birth (live born/fetal demise) (required)	Apgar score (1 min./5 min.)	
ICD-10 (required for authorization of nursery services)		Diagnosis description (required for authorization of nursery services)	
Delivery hospital name (required)		Phone number	
Contact name (required)	Phone number	Fax number	

For internal use only	
Entered by member specialist:	
Contact name	Date

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# Helpful UM Tips

- Write clearly/legibly on the request form
- Verify CPT/HCPC codes requested require prior authorization
  - <https://providers.amerigroup.com/Pages/PLUTO.aspx>
- Authorization status can be verified using the Availity portal
  - [www.availity.com](http://www.availity.com)
- Include name, phone number, and fax number on the authorization request for the person to contact if additional information is needed or when a decision has been rendered
- Clinical submitted should “tell the story” of the care that is require; identified need, intervention and treatment progress



# UM Clinical Fax Numbers

- Physical Health Acute Inpatient Fax: (844) 648-9537
- Physical Health Outpatient Fax: (844) 556-6119
- LTSS Acute Inpatient Fax: (844) 400-3461
- LTSS Acute Outpatient Fax: (844) 400-3462

\* Long-Term Services and Supports (LTSS) includes members whose permanent residence is a nursing facility, skilled nursing facility, or who are enrolled in the Aids/HIV, Brain Injury, Elderly, Health and Disability, Intellectual Disability, or Physical Disability Waivers.



# Provider Tools & Resources



# Amerigroup Website

<https://providers.amerigroup.com/IA/Pages/ia.as>

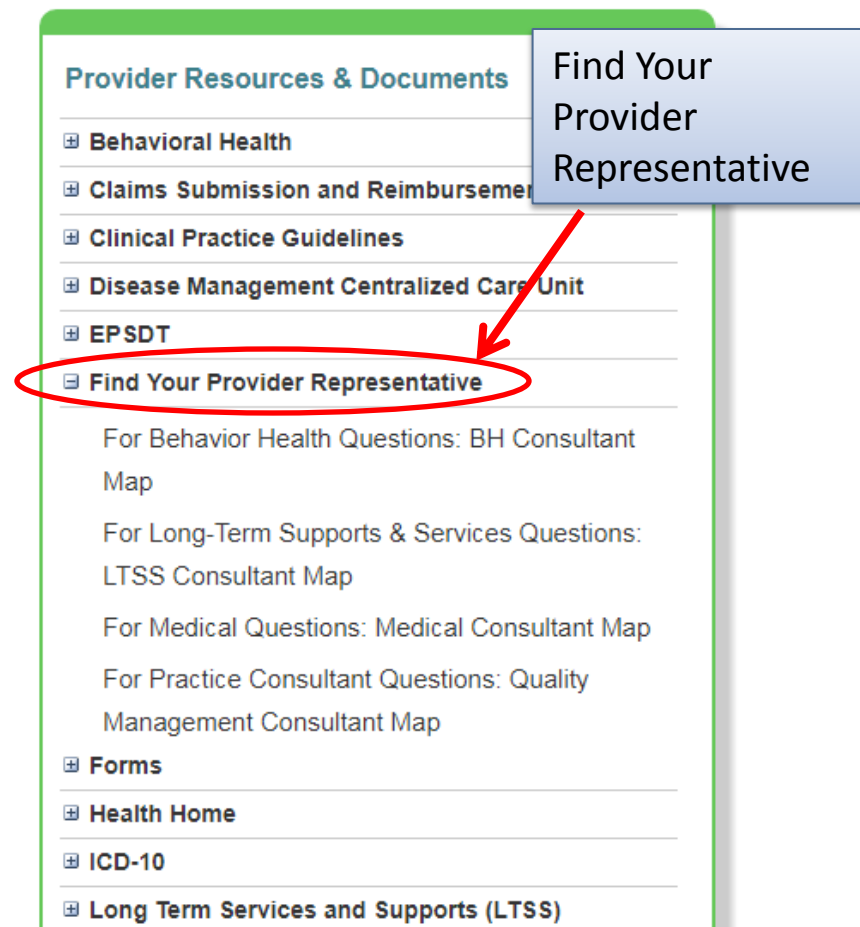
The screenshot displays the Amerigroup Iowa Provider Self-Service website. A banner at the top features a photo of four men on a city street with the word "Iowa" in large white letters. Below the banner, the site is organized into several sections:

- News & Announcements:** A callout box points to this section, which contains links for "Electronic Visit Verification Provider Survey — due August 15, 2017", "IHH Behavioral Health Providers and Therapy Providers", and "URGENT: IME Provider Enrollment Notification".
- Availity Log In:** A callout box points to the "Log In" button, which instructs users to use their Availity ID and password.
- Join our Network:** A teal button located to the right of the Log In section.
- Provider Survey:** A section titled "Provider Survey" with the text "Please help us improve our provider website by taking this brief survey" and a "Take Survey" button with a green arrow icon.
- Training and Credentialing:** A callout box points to this section, which includes a "Training & Credentialing" header, a "Provider Training Manual" with a link to the "Iowa Provider Manual", and a "Provider Webinar" with a link to "New Provider Orientation".
- Provider Resources & Documents:** A callout box points to this section, which lists resources such as "Behavioral Health", "Claims Submission and Reimbursement Policy", "Clinical Practice Guidelines", and "Disease Management Centralize".
- Do more online by registering for Provider Self-Service:** A central section with a list of services available through Provider Self-Service, including filing and checking medical claims, verifying eligibility, requesting precertification, and billing at the group level (including Group NPI).

At the bottom of the page, the "ia health link" logo is on the left, and the "Amerigroup" logo (An Anthem Company) is on the right.

# Find Your Provider Representative

Maps identifying the Provider Relations Representative for your area are also available...*includes the representative's email address and phone number*



The screenshot shows a web page titled "Provider Resources & Documents". It contains a list of links with expand/collapse icons (+/-). The link "Find Your Provider Representative" is circled in red. A red arrow points from a callout box to this link. The callout box is a light blue rectangle with the text "Find Your Provider Representative" in bold. Below the list of links, there are several paragraphs of text providing contact information for different types of questions.

**Provider Resources & Documents**

- + Behavioral Health
- + Claims Submission and Reimbursement
- + Clinical Practice Guidelines
- + Disease Management Centralized Care Unit
- + EPSDT
- + **Find Your Provider Representative**
- + For Behavior Health Questions: BH Consultant Map
- + For Long-Term Supports & Services Questions: LTSS Consultant Map
- + For Medical Questions: Medical Consultant Map
- + For Practice Consultant Questions: Quality Management Consultant Map
- + Forms
- + Health Home
- + ICD-10
- + Long Term Services and Supports (LTSS)

**Find Your Provider Representative**

# Newsletters

Current and archived newsletters are also available under the **Provider Resources & Documents** tab of the website

## Provider Resources & Documents

- Behavioral Health
- Claims Submission and Reimbursement Policy
- Clinical Practice Guidelines
- Disease Management Centralized Care Unit
- EPSDT
- Find Your Provider Representative
- Forms
- Health Home
- ICD-10
- Long Term Services and Supports
- Manuals & Referral Directories
- Maternal Child Program
- Medical Management Model
- Newsletters - Archived**

Newsletters-  
Archived

- Provider News Issue 1 2016
- Provider News Issue 2 2016
- Provider News Issue 3 2016
- Provider News Issue 4 2016

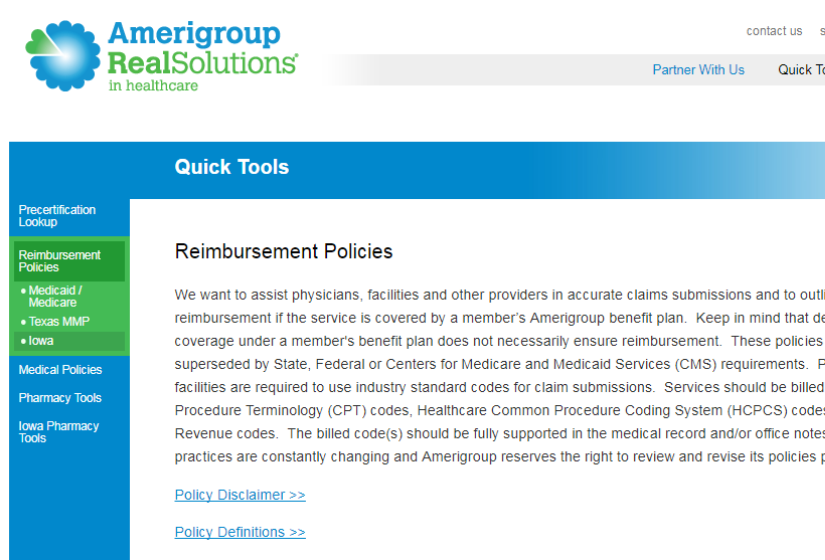
### **Newsletters - Current**

- 2017 Quarter 1 Provider Newsletter
- 2017 Quarter 2 Provider Newsletter


Newsletters-  
Current

# Reimbursement Policies

<https://providers.amerigroup.com/QuickTools/Pages/ia-reimbursement-policies.aspx>



The screenshot shows the Amerigroup RealSolutions website. The header includes the Amerigroup logo and navigation links like 'contact us', 'Partner With Us', and 'Quick Tools'. The left sidebar lists various tools: 'Precertification Lookup', 'Reimbursement Policies' (highlighted), 'Medical Policies', 'Pharmacy Tools', and 'Iowa Pharmacy Tools'. The main content area is titled 'Reimbursement Policies' and contains a paragraph explaining the purpose of the policies and a link to the 'Policy Disclaimer >>'.



A list of reimbursement categories is shown, each preceded by a plus icon in a square. The 'Coding' category is circled in red, and a red arrow points from a blue callout box labeled 'Iowa Specific Guidance' to it. The categories listed are:

- + Anesthesia
- + Coding
- + DME and Supplies
- + Drugs
- + Evaluation and Management
- + Facilities
- + Prevention
- + Prosthetics and Orthotics
- + Radiology
- + Reimbursement Administration - General
- + Surgery
- + Transportation

# Thank you for partnering with us!

